PTO/SB/08a (07-09)
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Unc	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.					
Sub	Substitute for form 1449/PTO			Complete if Known		
				Application Number	10/507,347	
11	NFORMATION	I DI	SCLOSURE	Filing Date	January 11, 2006	
STATEMENT BY APPLICANT			APPLICANT	First Named Inventor	Thiemo Blank	
				Art Unit	3731	
	(Use as many she	eets as	necessary)	Examiner Name	S. A. Simpson	
Sheet	1	of	3	Attorney Docket Number	101671.0006P	

		·	U.S. PA	TENT DOCUMENTS		
Examiner Initials*	Cite No 1	Document Number  Number-Kind Code <sup>2</sup> ( if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document		ges, Columns, Lines, Where evant Passages or Relevan Figures Appear
18.8.1	A*	US-20040093075	05-13-2004	Kuehne		1
1	B*	US-20040122506	06-24-2004	Shanley et al.	$\neg$	
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	D*	US-20040249440	12-09-2004	Bucker et al.		
	E*	US-20050049686	03-03-2005	Gray et al.		
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_	-		Foreign Patent Document	Publication	Name of Patentee or	Pages, C	olumns, Lines,	
Ini	aminer tials*	No 1	Country Code <sup>3</sup> -Number <sup>6</sup> -Kind Code <sup>6</sup> (if known)	MM-DD-YYYY	Applicant of Cited Document	Or Relevan	lovant Passages it Figures Appear	T°
T	S.S./	N	JP-2001520057	10-30-2001				
Г		0	WO-1996028115	09-19-1996	Impra, Inc.			
Г		Р	WO-1996033672	10-31-1996	Impra, Inc.			
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V	/	R	WO-2002047575	07-08-2002	Kuehne			
	V	S	WO-2003075797	09-18-2003	Angiomed Gmbh & Co.			

Examiner Signature	/Sarah Simpson/	Date Considered	01/12/2010	

\*EXAMARE: Initial if reference considered, whether or mt clusters is in conformance with MEDE 908. Down time through dustion if not in conformance and not considered. Include copy of this form with rest communication to applicate. To CITE Not. Those application(s) which are marked with an extendit, if next to the CIRe No. are not supplied (under 3° CER 1986)(2)(iii)) because that application was filled after. June 30, 2003 or is available in the IRM \*Applicant\* under under under under under under under under the IRM \*Applicant\* is the Kire Applicant to Comment and Exercision (1° CER 2004) and the Circumstance (1° CER 2004) and the Circums

I hereby certify that this paper (along with any system in accordance with § 1 6(a)(4)	paper referred to as being attached or enclosed) is being transmitted via the Office electronic filling
Dated: 12/3/09	Electronic Signature for Todd W. Wight: /Todd W. Wight/

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				Art Unit	3731		
	(Use as many she	ets a:	necessary)	Examiner Name	S. A. Simpson		
Sheet	2	of	3	Attorney Docket Number	101671.0006P		

			U.S. PAT	TENT DOCUMENTS	
Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where
Initials*	No.1	Number-Kind Code <sup>2</sup> ( if known)	MM-DD-YYYY	Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner	Cite	Foreign Patent Document	Publication	Name of Patentee or	Pages, Columns, Lines,			
Initials*	No.1	Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (#known)	MM-DD-YYYY	Applicant of Cited Document	Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>		
/S.S./	Т	WO-2004071353-A2	08-26-2004	Scimed Life Systems Inc	1			
/S.S./	J	WO-9910035-A2	03-04-1999	Image Guided Neurologics Inc				

Examiner Signature	/Sarah Simpson/	Date Considered	01/12/2010

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Receipt date: 12/03/2009

PTO/SB/08b (07-09)

## Approved for use through 67/31/2012 CMB 685-9631 U.S. Patent and Trademark Office, U.S. DEPART MICH. OF COMMERCE Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of intermidiate united in contrain a valid CMB control number. Complete if Known Substitute for form 1449/PTO 10/507,347 Application Number INFORMATION DISCLOSURE Filing Date January 11, 2006 STATEMENT BY APPLICANT First Named Inventor Thiemo Blank Art Unit 3731 (Use as many sheets as necessary) Examiner Name S. A. Simpson Sheet 3 of 3 Attorney Docket Number 101671.0006P

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
/S.S./	V	March 20, 2009 Japanese Examination Report issued in Japanese application 2003-574075.	
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/S.S./	×	September 3, 2009 Non-final Office Action in U.S. application no. 10/585,722 filed on June 26, 2008.	

Signature /Sarah Simpson/ Considered 01/12/2010	Examiner   /Sarah Simpson/	Date Considered	01/12/2010
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<sup>\*</sup>EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.